DEPARMENT OF GENERAL SERVICES • OFFICE OF BUSINESS RELATIONS AND COMPLIANCE

Local Small Business Reserve Program (LSBRP)

This form contains the questions required to self certify a business with the Local Small Business Reserve Program (LSBRP). After completing the form, log onto the LSBRP website and self certify your business. The LSBRP registration link is:

WWW.montgomerycountymd.gov/lsbrp • 240-777-9916

Vendor Details

Business Type: \square Wholesale \square Retail \square Manuf	acturing 🗆 Service	☐ Construction		
Are you a broker?		YES	□NO	
Is the Business independently owned and operated	d?	YES	□NO	
Is the Business a subsidiary of another firm?		YES	□NO	
Is the Business dominant in its field of operation?	***************************************	YES	□NO	
Is the physical Business location(s) only in Montgor	nery County?	YES	□NO	
Business Inception Date			<u>.</u>	
Total # of employees on payroll:				
Gross sales for the most recent three years: \$	\$		\$	
Sales of the most recent three years in the County	': \$	2007 - \$		2008
If the business has been in operation less than a ve	2006 ear:	2007		2008
First year projected or estimated gross sales:	\$	·······		
First year projected or estimated sales in the Cou	unty: \$			
Registration Information				
County Vendor #	_ (enter vendor ID # if yo	ou are already a registe	ered Montgo	omery County vendor)
Federal Tax ID #:	 -			
Form W-9 #:	_			
Business Structure:	ship 🗆 Corporation	☐ Limited Liabili	ty Compa	iny
Business Information				
Business Name:				
Address:		-		;
City:	State:		Zip:	
Phone:	FAX			
- "	14/			

ame(s) of owners/partners/proprietors	_
re you a certified minority business enterprise?	
tate the type of goods or services your business provides if you do not know the Commodity Code:	
ertification Agreement	ग्य <u>क</u>
I am aware that I have the responsibility of notifying the Department of General Services immediately, via email at Isbrp@montgomerycountymd.gov or in writing to Montgomery County, Local Small Business Reserve Program, 255 Rockville Pike, Suite 180 Rockville, MD 20850-4168, if the business ceases to be independently owned and operated or becomes a subsidiary of another business.	
I hereby certify that the information provided is a true and correct statement of facts. I, as a designated legal representative of the company, further certify that this firm shall abide by and be subject to all applicable Federal, State and Local Laws and regulations pertaining to any subsequent contract that may be issued.	
Upon request of Montgomery County Government, the Business must promptly provide to the Department of General Services documentation on all of its business location(s) (if it has more than one), number of employees by location, annual gross revenue of the business for the past three fiscal years. The preferred documents are copy of a lease, Maryland Unemployment Insurance Contribution Report (summary or quarterly), and Financial Statement/Tax Returns. At the discretion of the Department of General Services, an alternative type of document might be accepted.	,
I acknowledge that by registering with the program, I give the Montgomery County Department of General Services permission to obtain my business data from the State of Maryland's Department of Labor, Licensing and Regulation.	
Signature (Name):	
Business Title:	
Phone:	
Email:	
lease select the category that best describes your level of involvement:	
Owner □ President/CEO □ Senior Executive □ None □ Other:	
Check this option to have your Company Name and Public Information available in Vendor Search. Displaying this information can serve as a valuable networking resource.	

Once the self-registration application has been received and processed, the applicant will receive an emall notification message with your account information, including system login and password. Montgomery County, Maryland reserves the right to review or deny registrations at any time.

